

State of Rhode Island and Providence Plantations

Department of Business Regulation

INSURANCE DIVISION

233 Richmond Street, Suite 233

Providence, RI 02903- 4233

Telephone No. (401) 222-2223

FAX No. (401) 222-5475

TDD No. (401) 222-2999

Insurance Division Complaint Review Process

An individual who believes that there has been a violation of insurance statute(s) and/or regulation(s) may file a written complaint with the Insurance Division. All such complaints must be signed by the Claimant. All complaints filed shall be processed in accordance with the Insurance Division's internal complaint review process.

All complaints filed must be in writing. Upon receipt of the written complaint, the Insurance Division will make an initial determination with respect to standing and jurisdiction. The Insurance Division will then send an acknowledgement letter to the complainant advising that the Division is reviewing the matter and will contact the complainant when the situation warrants. The letter of complaint together with any attachments will be sent to the licensee named in the complaint for reply. Once the Insurance Division has concluded its review, a letter will be sent to the complainant stating the Division's findings.

The Insurance Division will only accept complaints filed by the individual Claimant, the complaint filed by a Claimant's designated immediate family member (spouse, parent, sibling or off-spring) on behalf of the Claimant, the Claimant's attorney admitted to practice law in this state, or an executor and/or administrator or other court-approved legal representative of the Claimant's estate.

All disputes regarding the terms and provisions of the Policy must be resolved between the Insurer and the Claimant if the dispute is not covered by statute or regulation. The Department's authority is limited to jurisdictional matters pursuant to R.I. General Laws. The Department DOES not have the authority to settle or arbitrate claims or to determine liability or determine that an Insurer should pay a claim. Nothing in the complaint process shall be deemed to prohibit either the Insurer or the Claimant from seeking redress in the appropriate judicial forum.

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INSURANCE DIVISION COMPLAINT FORM
(Please print or type all information clearly)

Before you file a complaint with the Rhode Island Division of Insurance, we suggest that you first contact the licensee named in this complaint in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. Do **NOT** send original documents. Please mail your completed form to the address shown above.

COMPLAINT FILED BY:

Name: _____ Daytime Phone # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Insurance: Auto _____ Homeowners _____ Workers Comp. _____
 Life _____ Accident & Health _____ Annuities _____
 Other _____

COMPLAINT FILED AGAINST:

Name and address of Insurance Company and/or individual/firm/licensee complaint filed against:

Policy #: _____ Claim # _____ Date of Loss: _____

Have you contacted the licensee involved in this matter? Yes/No. If yes, please indicate the person(s) and dates(s) contacted in your details of the complaint on page 2 of this form and attach copies of any correspondence sent to and received from the licensee(s).

Have you previously written to the Division of Insurance about this matter? Yes/No. If yes, please provide DOI File # _____ and attach copies of any correspondence sent to and received from this Department on this matter.

Have you reported this matter to the Attorney General's Office or any other government agency? Yes/No. If yes, please provide agency name and a copy of any communication sent and received:

Government Agency Contacted: _____ File # _____

(Attach additional pages if needed)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I authorize the Division of Insurance to send a copy of my complaint and related material to any individual/firm and licensee named in this complaint. I have read the attached complaint review process and understand that the Insurance Division does not have the authority to settle or arbitrate claims, determine liability or determine that an insurer should pay a claim.

The undersigned swears to and affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements in this complaint.

SIGNATURE: _____ Date: _____